North Carolina HIE
Clinical and Technical Operations Workgroup
March 18, 2011 Meeting Notes

The North Carolina Health Information Exchange (NCHIE)'s Clinical and Technical Operations Workgroup's meeting was held from 3:30 p.m. – 5:30 p.m. on Friday, March 18, 2011. The public was invited to attend.

Meeting Attendees – Workgroup Members (Bolded Members in Attendance)	
Name	**Organization**
Dobson, Allen (Co-Chair)	Community Care of North Carolina
Kichak, J.P. (Co-Chair)	UNC Healthcare
Aldridge, Deborah	Stanley Medical Services
Alexander, Ben	**WakeMed Health & Hospitals**
Cox, Cynthia	**NC Medical Society**
Cykert, Sam	AHEC, Moses Cone
Fenton, Michael	**NC State CIO's Office**
Graham, John	UNC Institute for Public Health
Guthery, Paul	**OMMIS**
Helm-Murtagh, Susan	**BCBSNC**
Jennings, Arlo	Mission Hospitals
Kolbas, Yan Wang	NC Nurses Association
Leister, Bill	LabCorp
McNeice, Keith	**Carolinas Healthcare System**
McNeill, John A. ("Sandy")	North Carolina Health Facilities Association
Spencer, Don	**Community Care of NC at UNC**
Taylor, Angela	**NC Department of Health and Human Services**
Tcheng, James	**Duke University Medical Center**
Torontow, John	**Piedmont Health Services**
Williams, Tommy	Mission Health System
Meeting Attendees – Members of the Public	
Steve Cline	NC DHHS-HIT
Patrick Blalock	NC DHHS-HIT
Andrew Weiniger	NCHICA
Mark Bell	NCHA
Richard Frank	IBM
Staff	
Alan Hirsch	NC HIE
Fred Goldwater	NC HIE
Lammot du Pont	Manatt Health Solutions
Brenda Pawlak	Manatt Health Solutions
Tim Kwan	Manatt Health Solutions
Christine Chang	Manatt Health Solutions

Agenda
- Welcome and Meeting Objectives   - Updates on Key Tasks to Building Statewide HIE RFP   - Review Statewide HIE Requirements   - Public Comment   - Next Steps

Items of Business

- **Please refer to March 18th Technical/Clinical Operations Workgroup Meeting Slide Deck and supplementary materials.**

Updates on Key Tasks to Building Statewide HIE RFP:

- Mr. Goldwater stated that the RFP consultant will be announced on Monday to the Committee following the notification of other respondents.

- Mr. Goldwater reminded the Work Group that the public comment period on RFP requirements is still open until March 25th. The comments will be reviewed at the next meeting on April 8th, with the RFP consultant if possible.

- Comments from Work Group members have been collected and are to be reviewed during this meeting.

Statewide HIE RFP:

- The Work Group noted that it is tracking Work Group comments in a thorough and transparent process. All comments will be made publicly available on the website.

- A total of 164 comments have been submitted to date. Of these, 13 need further discussion as these comments could impose significant changes and need to be thoughtfully considered. These are presently discussed.

- The Work Group considered whether it should specify minimum response times requirements and if so, for which transactions. The Work Group agreed that response times cannot be so long as to discourage users from using the system. Different transactions will require different response times; core services should be robust, while value added services may not need to be. Response times should also be monitored. Pricing will also influence the Work Group's final decision. The Work Group decided that the RFP will ask vendors to describe how they meet response time requirements for both core and value added services and provide examples on how their systems is user friendly.

- The Work Group discussed its role in which standards and protocols are utilized for transactions that are not yet defined by the S&I framework or other standards harmonization bodies. The Work Group is sensitive to not being over prescriptive while also needing to be ensure that as

many people are able to use the platform as possible in the future. The Work Group decided to ask vendors about the types of standards research development they conduct, how long it takes for that research to become implemented into its base product and at what cost.

- The Work Group discussed whether or not to use social security numbers (SSN), or part of them, as part of the matching algorithm. Some members did not want to use SSN at all due to privacy and security issues as well as the fact that many (approximately 35%) of their patients did not have SSN or are using someone else's. Other members responded that then more than 50% of patients did have SSNs and as SSNs are one of many pieces of information used to identify patients, it could be used, without storing or displaying the information. Experience from other HIE initiatives as well as the NC HHS department have demonstrated that including a SSN, even just the last four digits, significantly increases the matching rate. Risks are also associated with incorrect matching. It was suggested that if SSN are available, they should be used, but not require them. The SSN field could be available to providers, those that do not use it would have a higher risk of unmatched data, but others could use it if they wished. In terms of the RFP, the Work Group decided to include the requirement in the RFP, with the possibility of deciding not to implement it later, and ask vendors for suggestions on how to keep the information secure. This issue will able be shard with the Legal and Policy Work Group.

- The Work Group then discussed whether to support multiple formats based on requestor preference keeping in mind the need to balance costs with usability. NC HIE could take the data it receives and present it in the format that the end user prefers or send the data to end users for them put the data into the format they prefer themselves. As some users are small practices, the latter may be more difficult for them. The Work Group decided to include this in the RFP, but as a value added service with the core service focused simply on transportation of data.

- A Work Group suggestion was to merge the core service of identity management and authentication with privacy and security. The Work Group was amenable to this suggestion.

- The Work Group then considered the delegation of organizational registration authority to 3rd parties. Certification of entities can either be centralized (greater privacy and security) or localized (increased scalability). This may depend on how many entities NC HIE expects to need to certify. Rather than include both in the RFP and have vendors price services that the Work Group may not want in the end, the Work Group decided to consult with the RFP consultant on this issue.

- The Work Group discussed the authentication and authorization of organizations. Work Group members wanted to ensure that if NC HIE decides to use a localized certification approach as discussed above that only some of the functions, not all, are delegated and those functions are clearly outlined.

- The Work Group discussed NCID-NG applicability to provider directory identity. The DHHS is utilizing NC's ID service which may be extended to a cloud service in the next 7-8 months. This would minimize the number of IDs providers have to use and leverage a state asset.

- The Work Group considered opportunities to work with neighboring states and share MPI deployment. NC borders multiple states and Medicaid patients often seeing providers in more

than one state. Some Work Group members suggested that working with other states, through a joint procurement or planning around interoperability, could result in a cost savings. The state already has ongoing collaborative initiatives with other states. Some members expressed concern that multi-state projects, particularly involving state and non-state agencies, is difficult and could take time. The Work Group decided to keep interoperability in mind and pay attention to possible collaborative opportunities that could help reduce costs.

- The Work Group discussed emergency maintenance requirements and decided that their requirements will need to be balanced against cost. Members would like to see vendor pricing in the RFP before making a final decision.

- The Work Group will accept any other comments from members. These will be reviewed and any major comments will be brought to the group's attention for discussion prior to the next meeting.

Public Comment:

- Pat noted that a vendor that provided a federated approach can by definition also provide a centralized approach. However, this is not true the other way around.

- Richard Frank, IBM, advised against asking for specific pricing on each technology component in the RFP as vendors typically price to support the overall delivery of a solution.

Key Decisions

- Work Group members recommended changes to the Statewide HIE requirements as noted above.

Outstanding Issues

- None identified.

Action Items/Next Steps

- Begin work with RFP consultant to finalize HIE requirements and develop and complete set of policies and procedures for RFP process,
- Support NC Beacon and HIE Challenge programs.

Next Meeting

- The Technical/Clinical Operations Workgroup will next meet on April 8th from 4:00 p.m. – 6:00 p.m.
    - Location for in-person attendees: North Carolina Institute of Medicine
    - Dial-in information for those wishing to participate via phone:
        - 1-866-922-3257, Participant code: 654 032 36#